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SCHEDULE A (FEC Form 3X)

T	FOR LINE NUMBER:						PAGE		12	OF		8 7 4
(check only one)												
ı		X	11a		11b		11c		12			
			13		14		15		16	;		17

TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
I EWIIZED RECEIF 13	for each category of the Detailed Summary Page	<u> </u>	11a 13	F	11b 14	11c 15	12		17			
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any penddress of any political committee	erson to so	for the	purp ntrib	oose of utions f	solicitin	g contr h com	ibutio mitte	ons e.		
NAME OF COMMITTEE (In Full) NRSC												
Full Name (Last, First, Middle Initial)		Date of	f Re	ceipt								
Mailing Address 117 MEANDERING WAY		M M / D D / Y Y Y Y O4 29 2015										
City WEATHERFORD	Zip Code 76086-2723		Transaction ID : SA11.11471324 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.					· ,	,		51.0	00			
Name of Employer LOCKHEED-MARTIN	NNER	- '	CONTRI	IBŲ"	TION							
Receipt For: Primary General	Aggregate	Year-to-Date ▼										
Other (specify) ▼		204.00										
Full Name (Last, First, Middle Initial) MR. JEREMY W. ALLEN		Date of	f Re	ceipt								
Mailing Address 6420 UTAH AVENUE NW		м м , 04	1	: _{в в}		y 2015		r i				
City	Zip Code	Transaction ID : SA11.1147233										
WASHINGTON	DC	20015-2436	_	Amount	t of	Each R	eceipt t	his Per	iod			
FEC ID number of contributing federal political committee.	C					T.	79	1	125.0	0		
Name of Employer AMERICA'S HEALTH INSURANCE PLANS	n ERAL AFFAIRS		CONTRI	IBU I	IION							
Receipt For: Primary General	Aggregate Year-to-Date ▼											
Other (specify) ▼		375.00										
Full Name (Last, First, Middle Initial) C. MR. ROBERT F. ALLEN		Date of	f Re	ceipt								
Mailing Address 11228 N DOGWOOD LN		м м 04	/	23	, ,	2015		•				
City WOODWAY	Zip Code 98020-6117	_	Transaction ID : SA11.11454956 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.		· 		,	· 7		500.0) 00				
Name of Employer	Occupation]	┤'	CONTR	IBU	HON						
RETIRED												
Receipt For: Primary General	Receipt For: Aggregate Year-to-Date ▼ Primary General											
Other (specify) 🔻		500.00										
SUBTOTAL of Receipts This Page (optional)			<u> </u>			,		6	76.0	0		

TOTAL This Period (last page this line number only)...